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ABSTRACT

The report describes efforts in six state projects demonstrating that communication and cooperation in state and local service delivery systems can improve services for children, especially preschoolers, with handicaps. State responses to questions of changes attributable to the project, additional resources received to continue the project, and useful project publications are summarized. The projects are characterized by concentration of efforts on the community level, focus on the preschool population, and emphasis on conducting inservice training. Abstracts of the six state collaborative projects note the agencies involved, briefly describe the project, review strategies and methodologies, discuss predicted outcomes, and conclude with an explanation of interagency collaboration. (CL)

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SIX STATE COLLABORATIVE PROJECTS

by

Valerie Nelkin

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INTRODUCTION

Most of the literature on interagency coordination and collaboration reinforces the concept that professionals of a variety of disciplines and agencies who work together cooperatively can significantly improve a service delivery process. Promoting collaborative activities among agencies which provide health and educational services for children with handicaps continues to be a high priority of the U.S. Bureau of Health Care Delivery and Assistance (formerly the Bureau of Community Health Services). This collaboration has been developed at the federal level, where policy is made, and at the state and local levels, where services are delivered.

The Bureau has been involved in active interagency collaborative efforts with the Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education. In 1978, the two agencies issued a joint policy statement of their intent to provide collaborative health and educational services for children with handicaps. As a part of these efforts, the Bureau and OSERS sponsored six state model interagency collaboration projects. In 1978, funding was provided for a three-year period through Crippled Children's Programs in Connecticut, Hawaii, Iowa, Louisiana, Oregon, and Utah. It was the intent of the Bureau and OSERS to

improve communication and coordination in state and local service delivery systems for handicapped children. The six state projects have demonstrated how to formalize agency cooperation to improve services for children with handicaps.

Among the six state collaborative projects (which ended their final year of funding in 1982), common issues were reviewed and experiences were shared. This information, which is summarized in the following report, is intended to give readers ideas that may support their own state efforts.

DESCRIPTION OF PROJECTS

The six state projects have served both preschool and school-aged populations, but the major focus of the collaborative efforts was on the preschool population. These collaborative efforts were directed primarily at the local community level. The six projects involved a wide variety of services and model programs.

Major programs or models developed by the states include:

Connecticut

- Medical/Developmental Child Find
- Community Resource Team
- Curriculum Task Force

Hawaii

- Kona Infant and Child Development Program
- Health Support Service Demonstration Project

Iowa

- Integrated Evaluation and Planning Clinics
- Common Interagency Communication System
- Regional Community Child Centers

Louisiana

- Training of Medical Personnel in Evaluation and IEP Process
- Criteria for Determining Infants at Risk
- Model for Comprehensive Medical Assessment

Oregon

- Computer-Assisted Reference File of Services for Handicapped Children
- Interdisciplinary Evaluation Clinics
- In-service Training Programs

Utah

- Handicapped Child Data Project
- Newborn Questionnaire Project

Activities of the six projects are reviewed in project abstracts at the conclusion of this paper. More information, including progress reports and summaries of project experiences, is available through the U.S. Division of Maternal and Child Health (formerly the Office for Maternal and Child Health), Bureau of Health Care Delivery and Assistance, U.S. Department of Health and Human Services, Parklawn Building, Room 6-14, 5600 Fishers Lane, Rockville, Maryland 20857.

PROJECT OUTCOMES

Below is a summary of the states' responses to a brief list of questions relating to significant outcomes of the projects.

What changes have occurred in your state that are directly attributable to your project? Several states reported that interagency agreements were developed which outline the process for identifying, evaluating, and providing appropriate services to high-risk infants and young handicapped children.

One state established a computer resources file of statewide services to handicapped children. The file is accessible to schools and other agencies. In another state, interagency groups have been formed with regional clinics to improve services to the clinics through interagency collaboration. Physical therapy contracts were established in another state between a Crippled Children's program and local education agencies to provide therapy to children during school.

Participation on local interagency advisory groups by state collaborative project staff resulted in funding of grants for local projects. Workshops and in-service training and education

were offered in several states to educators, health providers, agency staff, and parents. Interdisciplinary staff development was noted as a key accomplishment by several respondents. One project developed new strategies for teaching transitional readiness skills in math and reading which are being used in other preschool programs.

In one state, children now have access (within 50 to 75 miles of their homes) to comprehensive diagnostic evaluation and case planning services for a variety of health and educational problems.

Some states noted increased cooperation between health, education, and social service agencies. This includes the development of trust, a willingness to set aside "territorial" differences, and mutual cooperation coordinating services for children. In one state, a statewide taskforce was convened to identify and resolve issues which impeded the delivery of coordinated, comprehensive services to handicapped children. One state legislature transferred some unallocated funds to the interagency collaboration effort, marking the first time that state had made a direct financial commitment to such a program. One state health agency reported that it will have a representative serve on a legislative advisory committee on proposed changes in P.L. 94-142.

Some states reported that coordinated community and regional approaches to comprehensive services are replacing networks of fragmented services. Frequent community resource team meetings and other cooperative mechanisms are promoting communication between health professionals, educators, and other agency representatives. High-risk children are being referred earlier for community services.

Finally, a form which could be used by parents or professionals to collect a cumulative history of a child's journey from agency to agency was developed by one of the projects. Another form targets the exchange of information between educators, physicians, and allied health specialists. Most of the states reported increased and improved contacts between agencies, programs, and professionals promoting interagency collaboration efforts.

What resources other than federal funds were you able to obtain to continue, augment, or expand the project activities?

Resources received by the projects:

- state minimum foundation funding for seven early childhood teachers
- contracts with local education agencies and the U.S. Bureau of Indian Affairs for in-service training
- project acting in advisory capacity for a Head Start inter-agency grant
- Developmental Disabilities Council funds for development and printing of discussion guides for audio-visuals
- in-kind services by local education agencies, regional education service centers, state health agency, and other agencies for staff time and secretarial services for coordinating role
- state funds (Departments of Health and Education) for salaries and supplies
- March of Dimes funds for a toy-lending library
- Developmental Disabilities Council funds and special education funds
- in-kind services for child health centers, including offices, clinic space, and staff
- special allocation of block grant funds through the state legislature
- third-party reimbursement system instituted in child health centers
- special allocation of P.L. 94-142 funds to local education agencies to purchase diagnostic services for handicapped children from various providers, including evaluation and planning clinics operated by the project
- city revenue-sharing funds for support of evaluation and planning clinics

Do you have any information or data that demonstrates cost-effectiveness of cooperative activities? Few states had definitive cost data to demonstrate cost-effectiveness. One state, how-

ever, had undertaken a recent cost study of all services provided through the evaluation and planning clinics of child health centers. While the clinics vary considerably, the range of costs funded directly by the grant was from $224 to $312 per patient. These costs included secondary diagnostic evaluation by specially trained pediatricians and pediatric nurse practitioners, case plan preparation and staffing, and follow-along services. Similar evaluations at a university hospital out-patient clinic or in a child development clinic setting could range from $400 to $750 plus transportation and costs for food, lodging, and lost wages for parents.

Another state has contracted for a study to determine the effectiveness of interagency collaboration. Some state coordinators pointed out that although they had no hard data, their experiences support the hypothesis that cooperative activities are cost-effective.

What publications or other resources developed by or as a result of the project would be useful to others? Have any of these products been disseminated? State collaborative project resources include the following:

- HAWAII PROJECT --

  Slide-tape presentation on the project -- not disseminated.

  DD Themes and Issues: A Compendium of Exemplary, Comprehensive Programs for Young Developmentally Disabled Children, by the Frank Porter Graham Child Development Center, Chapel Hill, North Carolina (includes the Kona Child Development Program, Hawaii project).

- OREGON PROJECT --

  Planning for Services to Handicapped Persons: Community, Education, Health, edited by P. Magrab and J. Elder; Paul H. Brooks, publisher, 1979.

  Coordinating Services to Handicapped Children: A Handbook for Interagency Collaboration, by P. Magrab and J. Elder; Paul H. Brooks, publisher, 1980.

  18.5-minute videotape, "A Team for Stacy" -- not disseminated.

- CONNECTICUT PROJECT (resources disseminated statewide and on a limited basis nationally) --

  22-minute 16mm film (or 1/2" or 3/4" videocassette), "Precinct 94-142."

  23-minute 1/2" or 3/4" videocassette, "Within Normal Limits."

  Guide to Resources for Staff Serving Young Children.

  A Parent's Guide to Doctors' Visits.

- IOWA PROJECT --

  The Specialized Child Health Center Manual (distributed at meetings and upon request).

  The School Nurse Training Project (widely distributed within the state and available upon request).

  Two slide presentations on the regional child health center concept and integrated evaluation and planning clinics.

- LOUISIANA PROJECT --

  Manual of emergency procedures for the temporary care of health-impaired children in the schools.

  16mm film and 3/4" video recording on early childhood services.

- UTAH PROJECT --

  Confidentiality, Personally Identifiable Information and Federal and State Laws.

  Brochure, Handicapped Child Data Project.

  Form, "Request for Diagnostic Information for Special Education."

  Form, "The Comprehensive Assessment Record."

Do you have any additional ideas or recommendations to share?
The six state collaborative projects have been involved with a

wide variety of programs and services. Some of the projects have specific recommendations and ideas to share based on their experiences:

- An appropriate role for a state agency is that of a catalyst at the community level -- to promote collaborative efforts.
- A community collaborative effort requires a designated coordinator, consideration of local needs and resources, and financial support at the state level.
- It is vital to involve private, nonprofit agencies in addition to public agencies in a unified service delivery plan.
- The availability of specially trained public health nurses is a necessity for early intervention.
- The development of a community collaborative effort is a slow, time-consuming process but is well worth the effort.
- It is important to begin integrated and cooperative planning efforts with those who have actual patient/client responsibilities. State support and encouragement are helpful, but accomplishments are facilitated by contact with those who have primary responsibility for service provision. Concentrate efforts on the "doers," not the "planners." Problems of territoriality can be overcome. Also, by focusing on regional and community service providers, it is easier to gain access to state legislatures.
- The importance of community boards representing a coalition of agencies and parents cannot be overestimated. The development of these boards and of mutual trust takes time.
- Interagency collaboration works only if there are agreements and support (both fiscal and mental) at the state level, and good relationships and teamwork at the local level.
- Issues related to confidentiality in the transfer of client-specific information are critical.
- Dissemination strategies for project materials can include in-service training, mailings to parents and professionals, presentations at meetings, and promotion of interagency efforts with parent advocacy and professional groups.

CONCLUSION

These six state projects have demonstrated that communication and cooperation in working relationships can result in improved services to handicapped children. The projects have established model programs that are worthy of replication in other states. Their experiences have helped identify the major strengths and barriers in the implementation of coordinated community services.

Previous summaries of the experiences of the six projects discussed several common factors: 1) concentration of efforts on the community level; 2) focus on the preschool population; and 3) emphasis on conducting in-service training. These factors are still present. Additional commonalities include the development of formal interagency agreements; the need to involve both private and public service providers in the community in the development of interagency collaborative efforts; and the creative, effective use of existing resources through interagency collaboration, which eliminates duplication of efforts, alleviates confusion for parents, and saves money.

Interdisciplinary comprehensive assessment and intervention services are being coordinated and used appropriately. Each project has provided a leadership role in the community for the facilitation of cooperative agreements, but continued support and guidance are needed at the state and federal levels. Overcoming attitudinal barriers and bringing about changes in behavior take a great deal of time. The experiences of these six projects indicate that the time and effort involved in the interagency collaboration process are justified by the improvement in the provision of comprehensive services to handicapped children.

While adequate cost data are not available, preliminary reviews indicate the cost-effectiveness of collaborative activities. Additional cost/benefit analyses are needed, as well as studies of the impact of collaborative activities on the provision of services in the community.

It is likely that the strategies and methodologies of these projects can be replicated in other states. National dissemination strategies are needed to ensure that these experiences, as well as the materials and resources developed by the projects, are shared with all interested parties. Possible approaches for dissemination include joint regional workshops, national distribution of documents, and development of lists of available resources. A technical assistance team, equipped with information from all six

projects, could be established to assist communities in developing or enhancing collaborative activities to improve service provision for children with handicaps.

Abstracts

of Six State Collaborative Projects

for the Health and Educational Care

of Handicapped Children

The reader is reminded that federal funding to these projects ended in 1982. Since most of the projects discussed here are no longer operating, questions or requests for more information should be made to the address found on page 3 of this manuscript.

CONNECTICUT

CONNECTICUT HEALTH/EDUCATION COLLABORATIVE PROJECT

Collaborative Agencies: State Department of Health Services (Health Services for Handicapped Children's Section), in cooperation with the State Department of Education (Bureau of School and Program Development)

Description of Project: The demonstration model developed in Connecticut is a coordinated system with priority on identification and linkage to existing community intervention resources. The Connecticut Collaborative Project reflects the lead effort of the Department of Health Services, Health Services for Handicapped Children's Section (HSHC), in defining the critical role of the public health professional in the implementation of P.L. 94-142.

Using New Haven as a model site, a local interagency committee representing the local educational agency (LEA) and both the public and private health care sectors met to develop a system for the coordination of services to handicapped children from birth to age 6 years that encompassed service and curriculum components. It was first expanded throughout the greater New Haven region by involving the Regional Education Service Center as the interface for numerous LEAs. Replication is proceeding statewide on a regional basis, with modifications to meet the unique needs and resources of each area.

Strategies and Methodologies: The service model has two main program features. The Medical/Developmental Child Find is a system designed to promote identification and referral of children with handicapping conditions or developmental concerns. Medical and early childhood education professionals conduct a referral process that provides a single entry into health, education, and community services. The referral form that has been developed provides perinatal categories to enable monitoring of children at high risk for developmental handicaps.

The Community Resource Team consists of representatives from the public and private providers of services to area handicapped children. The Team aids planning by clarifying diagnostic issues,

service needs, and interagency responsibilities. The Team advises -- rather than manages -- cases and blends pediatric, developmental, educational, and comprehensive family needs into a coordinated approach to care.

The curriculum component facilitates implementation of the service model through professional training. The curriculum task force focused on needs assessment that included an exploration of the major impediments to successful collaboration and a survey of available materials for staff development. Recommendations resulted in the development of: 1) "Precinct 94-142," a 22-minute satire on the communication difficulties surrounding early identification; "Within Normal Limits," a 23-minute semi-documentary on medical and other specialty evaluations; 3) the Guide to Resources for Staff Serving Young Children; 4) the handbook Issues in Collaboration, which provides a framework for interdisciplinary collaboration; 5) sponsorship of workshops; 6) purchase and dissemination of relevant media materals; and 7) technical assistance for collaborative efforts.

Interagency Collaboration: Geographically balanced regional sites ensure full statewide replication of the collaborative model. The Medical/Developmental Child Find provides a single entry for the early identification of children with handicapping conditions having medical implications. Comprehensive assessment and intervention services, with child development the common focus, are coordinated and used more appropriately. The model coordinates existing resources and is, therefore, relatively inexpensive to implement.

HAWAII

A PLAN FOR INTERAGENCY PROVISION OF EDUCATIONAL AND SUPPORT SERVICES TO CHILDREN WITH SPECIAL HEALTH NEEDS -- A DEMONSTRATION MODEL

Collaborative Agencies: Department of Health (Family Health Services Division) and Department of Education (Special Needs Branch)

Description of Project: Hawaii sustains two interagency collaboration projects. A rural program expands the early childhood program serving infants and preschool handicapped children in the Kona districts of the island of Hawaii. The Family Health Services Division and the Hawaii School District have combined resources to provide educational and health services for developmentally disabled children birth to age 7 years.

Urban and rural children with orthopedic handicaps and other health impairments are served by a second project on the island of Oahu that operates in two of the island's four school districts. An interagency team provides specialized services for health-impaired children, assists the students in benefiting from educational programs, and delivers services in the classroom whenever possible.

Strategies and Methodologies: The Kona Infant and Child Development Program is an example of the transdisciplinary approach to service delivery for children and families. The program emphasizes providing integrated services, working with parents to offer support and training. As the young child develops, there is a gradual movement to the group setting, so that by age 3 years the child is in a regular center day program.

The school district provides a special education preschool teacher and aide; the Department of Health provides occupational and physical therapy services, full-time social work services, and educational therapy. This model demonstrates, both in theory and in administrative organization, singular lines of interagency control while providing a continuum of services for child and family. A program director, from the Department of Health, provides overall program direction and coordination. General staff supervision responsibilities are shared by the program director and the Konawaena School principal. Supervisory controls and decisions are cooperative interagency actions.

The Health Support Demonstration Project on Oahu uses a decentralized model to provide specialized services for health-impaired school children. Two teams of special education and health support personnel provide classroom-based services to students as appropriate. The team's services are evaluated for such factors as meeting individualized education program objectives, adherence to service delivery schedules, and the percentage of designated students participating in special extracurricular and academic activities.

Important components of the Oahu program include: 1) in-service interdisciplinary team development training of health support service staff, special education teachers, and teaching assistants; and 2) use of a transdisciplinary process in providing coordinated services to students.

Predicted Outcomes: The Kona Infant and Child Development program provides a continuum of services individualized to meet the needs of each child. Through this health-education collaboration, the full range of services is provided, from public education and screening to diagnostic services, appropriate program placement, ongoing interdisciplinary assessments, and appropriate interventions, including training/treatment and psychological services. This joint effort has made it possible to include children from birth to age 7 years, though the project concentrates mainly on children from birth to age 5 years. This model has demonstrated that it is possible to provide a quality program through interagency collaboration that is comprehensive in its approach and without excessive cost. The partnership between the Department of Health and the Department of Education has been mutually beneficial and is expected to continue. State funds already support much of the program, and additional state funds are being requested to replace federal funds.

The health support services project on Oahu is continuing with state funds. Children now are able to receive the necessary specialized services through a decentralized, classroom-centered model at schools within their own districts. The demonstration project model has proven effective in providing specialized services to children with multiple educational and health needs. Replications (with some modifications) are planned in two other school districts that contain a mixture of urban and rural communities.

Interagency Collaboration: The two Hawaii models are examples of interagency teams working through a number of the barriers traditionally encountered in interdisci-

plinary delivery of direct, integrated services to children. In Kona, parents receive services from one visible unified service provider. On Oahu, health-impaired children in two school districts receive support services coordinated by teams of special educators and health personnel. The models that have been developed in these two programs provide valuable experience in systematic interagency collaboration throughout the state in the areas of early childhood and health-related services for the handicapped.

IOWA

JOINT PROJECT TO ACHIEVE INTERAGENCY COLLABORATION FOR THE PROVISION OF HEALTH AND EDUCATIONAL SERVICES FOR HANDICAPPED CHILDREN

Collaborative Agencies: Iowa Department of Public Instruction and Iowa State Services for Crippled Children

Description of Project: To ensure that the multiple problems of many handicapped children are addressed, a new collaborative integrated system of service delivery was proposed. The Iowa State Services for Crippled Children (SSCC) and the Iowa Department of Public Instruction (DPI) agreed to conduct a joint project to provide evaluation and planning services for handicapped children by meeting the following objectives:

* To create and conduct a new type of integrated evaluation and planning clinic for handicapped children.
This clinic allows and encourages all parties involved with a handicapped child's care to meet to integrate the services that will be provided to the child.

  Update: Nine Integrated Evaluation and Planning Clinics (IEPCs) were developed, providing services to 73 of Iowa's 99 counties. In 1981, two of the centers were closed due to budget reductions to the agency; one was re-opened. Each clinic has a community-based staff -- a core staff (a developmentally trained pediatrician, a pediatric nurse practitioner (PNP), and a secretary) supplied by SSCC, a staff contributed from the Area Education Agency (psychologists, speech audiologists, educational strategists, etc.), and district Department of Social Services caseworkers. Each clinic is under the general policy direction of a community advisory board composed of representatives from the SSCC, AEA, DSS, other providers, and consumers. Each clinic provides for a developmentally oriented diagnostic evaluation, assessment by other related disciplines as needed, a case review/staffing, a plan of care, and any required follow-along services.

* To provide an ongoing educational experience for those who work with handicapped children in the IEPCs.
Many physicians, educators, and social workers have limited training with handicapped children; it is therefore important to provide these workers with an educational experience to increase their skills and awareness.

Update: All physicians except one who serve in the IEPCs have received one or more short courses in developmental pediatrics. Each center is charged with the responsibility of developing with its local board various in-service/continuing education programs, a minimum of three yearly to a maximum of twelve. The PNPs also serve as instructors for the School Nurse Training Project (SNTP), a joint venture of SSCC, the Department of Public Instruction, and the Department of Health. Seventy-five percent of all school nurses in Iowa attended one or more of the five 3-hour sessions on handicapping conditions and developmental problems of children. The SNTP was approved for 1.5 continuing education units by the University of Iowa College of Nursing and by the Iowa Nursing Association (0.3 CEU for each of the five sessions). The PNPs received 20 hours of training in preparation for the five sessions. Individual PNPs have been asked to provide additional follow-up sessions to school nurses.

* To develop a common interagency communication system.
To allow interagency communication, basic information about handicapped children that is needed by all professions must be determined, and a common terminology to describe that information must be chosen.

Update: Basic information forms and an information processing system have been developed and tested. Modifications will be made as necessary, and the communication system will be extended to all centers.

* To develop a method to evaluate the new system of child centers and clinics.

Update: Evaluation of regional centers and clinics:

- an eight-item annual Goals and Objectives format that seeks to test "Did the center accomplish what it said it would at the beginning of the grant year?" (number of clinics, number of patients seen, patient reports distributed within ten days, etc.);
- a parent provider satisfaction form distributed to all parents and referees to the center;
- outcome information from the interagency communication system.

* To develop interagency agreements regarding the child centers and the integrated evaluation clinics.

Update: Interagency agreements (memoranda of understanding) have been prepared and signed by the agencies when each center was inaugurated. With major changes in funding sources in 1981-82, the need for third-party reimbursements, and introduction of a family sliding fee scale, new memoranda have been signed or are in process, expressing common understandings regarding funding and charges.

Strategies and Methodologies: The new regional Community Child Centers are located in the central city of each region and are developed and directed by a regional council of representatives of various childcare agencies and consumers. The SSCC supports and trains core staff for these community centers and other staff members as assigned from participating agencies. The clinic provides a forum for representatives of the agencies to meet to integrate plans for the child. The clinics each are staffed with a pediatrician who has received special training in developmental pediatrics. The DPI has a series of educational programs underway for all center staff members.

Update: No educational meetings sponsored by the DPI, especially for center staff, have been held. A special interagency committee is establishing the common communication system, a difficult aspect of the program since it will require changing professional terminology. The major design and composition work is completed for the final two objectives. The evaluation method designed for the project is now being tested. The interagency agreements have been drafted, with detailed narrative as well as a general agreement conforming to the state model.

Predicted Outcomes: The effect of this project to date has been to create a new and cooperative working relationship in the participating communities -- not only between the educational community and the health community, but also between many other childcare agencies (e.g., DSS, Head Start, Public Health, Mental Health, etc.). Each agency continues to have its integrated evaluation and planning clinic. Representatives of the agencies involved with the care of a child develop a community plan that integrates the agency plans. This new system providing integrated evaluation and planning services should improve the services to handicapped children.

Interagency Collaboration: The system of regional community centers and integrated evaluation and planning clinics has been given priority by the Iowa Governor's Council on Children and Youth. It is anticipated that at the conclusion of the grant period these programs will have state support and that the policy of interagency collaboration will be institutionalized.

Update: Actions by members of the Joint Human Resources Subcommittee of the Iowa State Legislature resulted in the transfer to SSCC of some block grant funds allocated for the partial support of the centers and IEPCs during 1982-83. Support will be sought from the state legislature during the next biennium to maintain the regional child health centers and IEPCs. A recent conference was called by the director of the DPI Division of Special Education to form a statewide taskforce on coordinating the delivery of services to all handicapped children. The conference identified issues involved in such delivery, set priorities for dealing with obstacles to delivery, and established goals for improving Iowa's service delivery system.

LOUISIANA

LOUISIANA HANDICAPPED CHILDREN'S SERVICES PROGRAM

Collaborative Agencies: Department of Health and Human Resources, Office of Health Services and Environmental Quality, Handicapped Children's Services Programs; Department of Education, Division of Special Educational Services; and the East Baton Rouge Parish School Board, Early Childhood Special Education Program

Description of Project: This is a demonstration project that will be implemented and evaluated in 12 Louisiana parishes. The project is intended to develop a system of collaboration and cooperation among the local public health center, local education agencies, public hospitals, and medical training programs through interagency agreements. These agreements are designed to eliminate duplication of effort and to promote multidisciplinary understanding of responsibility in the development of IEPs, thereby improving early identification, intervention, and referral efforts.

The project will extend special education services to high-risk infants and young handicapped children from birth to age 2 years. It will also improve methods of locating and identifying 3- to 5-year-old children with previously diagnosed or undiagnosed handicaps, thereby improving public health services available to them and ensuring their receipt of an appropriate public school education.

Interagency and interdisciplinary guidelines have been developed to ensure effective use of existing programs, thereby reducing costs.

Strategies and Methodologies: Health care services to handicapped children will be improved by: 1) training medical personnel for participation in evaluation and the IEP process; 2) developing criteria to determine infants at risk; 3) developing a model for comprehensive medical assessment; and 4) conducting a needs assessment to indicate service needs and utilization patterns. These early identification efforts will be coordinated with an annual child search of previously undiagnosed

and diagnosed handicapped children age birth to 5 years, and with parent training programs and family stress intervention efforts.

An interagency structure for service delivery has been defined to establish complementary standards and guidelines for use by multidisciplinary evaluation teams. An advisory committee has been established for advice and consultation regarding coordination and cooperation between health and education.

Predicted Outcomes: This project is based on intervention as well as prevention. To minimize the incidence of handicapping conditions where causes are determined at birth, early identification of high-risk infants will promote a healthy neonatal period with earliest identification, assessment, and treatment of maladies occurring during pregnancies.

As guidelines for medical participation in the IEP process are developed and used, and as interagency agreements between health and education are formalized, all handicapped children will become recipients of early identification and intervention and of improved delivery of health and educational services.

Confusion in families, duplication of efforts, and costs will have been reduced, allowing appropriate, effective use of existing programs to enhance the child's chances for developing to full potential.

Interagency Collaboration: Within the pediatric clinics, there will be collaborative efforts by the Maternal and Child Health Programs, the Early and Periodic Screening Diagnosis and Treatment Program, the Handicapped Children's Services Programs, Louisiana State University, and Tulane Medical School, thereby improving the level of available health care to handicapped children. This same collaborative functioning within a department will occur in the State Department of Education through the Division of Special Educational Services, Head Start Day Developmental Training Programs.

These intra- and interagency efforts establish a framework for effective multidisciplinary cooperation by creating guidelines for participation in IEPs, developing appropriate assessment tools, and conducting staff training. Since the establishment of this cooperative network, early identification of appropriate referrals has been facilitated, eliminating family confusion and duplication of efforts.

OREGON

OREGON INTERAGENCY COLLABORATION PROJECT

Collaborative Agencies: Oregon Department of Education and the Crippled Children's Division, Oregon Health Sciences University

Description of Project: The primary objective of the Oregon Interagency Collaboration Project is the facilitation of interagency collaborative arrangements at the local community level, which reduces the degree of duplication of services, fills in gaps where services are not readily available, and assists the exchange of client information and coordination of financial arrangements for health and education services to handicapped children. The project staff works closely with directors of special education, with the superintendents of Oregon's 35 Education Service Districts, and with the larger local education districts that have responsibility for special education. Staff members also act as facilitators, bringing together the various agencies involved with services for handicapped children in communities where this assistance is requested.

Project staff members work to develop interagency agreements with heads of statewide agencies that provide services to handicapped children. These agreements address each agency's legal responsibilities and serve as the support guidelines for community-level personnel. The Crippled Children's Division has interagency agreements with the Oregon Department of Education, the Mental Health Division, the Health Division, the Division of Vocational Rehabilitation, and the Child Services Division/Adult and Family Services. The agreements require practical guidelines as well as annual review and dissemination procedures for all local agency staffs.

The project's second major objective is to establish interdisciplinary and multiagency evaluation clinics throughout Oregon. Three rural communities are served by interagency multidisciplinary follow-up clinics. Three demonstration or model clinics were held in small Oregon communities, but due to lack of state funds and hesitation on the part of some professionals, further development is not advisable at this time. A limited genetics clinic has been established in one rural area, while discussion continues in another community about establishing a clinic.

The project's third main objective is promotion and coordination of in-service training programs for teachers and health professionals on the management of physically handicapped children. The Interagency Project works with an Office of Special Education grant (Rural Educators) and an Oregon Department of Education grant (Liaison Educators) through the Crippled Children's Division, as well as with the Head Start Regional Access Program at Portland State University to conduct ongoing in-service training. Additional training efforts are conducted with various other agencies.

Strategies and Methodologies: The Oregon Model stresses close cooperation with local professionals in education, health, social, rehabilitation, and community service delivery systems to coordinate health and education services for handicapped students. At the same time, agreements between agency heads were developed that presented a collaborative philosophy. These agreements have been refined to produce supportive structures and guidelines for working at the local level to eliminate duplication of various services. Each community has its own distinctive needs, problems, and capabilities and must make the final modifications. Work with other agencies and projects has enabled the project to provide better services, training, and relationships throughout Oregon.

A computer-assisted reference file of all services for handicapped children in Oregon has been established by project staff to help local agencies identify their closest resources. This file has been updated and modified many times during the years and is now in a useable form. In the past, limited access prevented extensive use of the system; however, several agencies will be disseminating information on how the system is used and how it can help promote needed services.

Outcomes and Predicted Outcomes: Through the methods outlined above, a cohesive network of relationships, especially between health and education professionals, has developed. Interagency agreements have been developed, and other agencies have been sufficiently interested to seek consultation and training from the project staff. Among those seeking counsel were the Area Bureau of Indian Affairs, the Office of Special Education, and learning disabilities clinics jointly sponsored through the Oregon Department of Education and Western Oregon State College. Developing the needed resources for rural community follow-up clinics was more difficult than originally anticipated, and more work remains in this area.

Interagency Collaboration: The successful implementation of the provisions of P.L. 94-142 and the collaborative support of the other agencies that provide services for handicapped children are expected to make services readily available on a more rational and coordinated basis to children with handicapping conditions and thus help parents sift through the maze of services and agencies available for this population. Much of the duplication of services should be eliminated, meaning less confusion for parents as well as savings in staff time and dollar resources for the various agencies involved.

By the end of the project, the importance and the benefits of interagency collaboration in any particular community will have been established. The responsibility for updating an interagency collaborative agreement will be specified within the agreement. It is also anticipated that the responsibility for continuation of any interdisciplinary evaluation clinics that have been established in local communities will rest with the local school districts, or the Education Service District, in cooperation with the CCD. Continued support in the form of financial resources from various agencies will be provided as part of regular ongoing agency commitments. The computer-assisted resource file will be maintained through user fees and joint agency sponsorship.

UTAH

HEALTH AND EDUCATION FOR HANDICAPPED CHILDREN PROGRAM

Collaborative Agencies: Utah State Department of Health (Division of Family Health Services) and the Utah State Office of Education (Division of Special Education)

Description of Project: There are two main components of this project. The Handicapped Child Data Project is an interagency collaborative effort involving health and education whose goal is facilitating the dissemination of useful data generated or gathered by preschool programs in developing educational plans for children in school district special education programs. Concurrently, the project will promote the dissemination of medical and health-related data from health agencies to preschools and schools serving the handicapped.

The Newborn Questionnaire Project, operated in conjunction with the Utah Council for the Handicapped and Developmentally Disabled, uses screening tools and physical examinations to facilitate earlier identification of high-risk handicapped children.

Strategies and Methodologies: The Handicapped Child Data Project gathers baseline data, conducts intervention, and collects post-intervention data for comparison. In establishing the program, an in-depth assessment was conducted, using interviews, questionnaires, record reviews, and physical examinations to understand the existing interactions among schools, preschools, health agencies, and parents. To address needs identified by these groups, the program team designed and delivered in-service modules. The team also developed specific procedural recommendations to improve the utility and timeliness of disseminated information and to produce optimal health records. Following an assessment of their efficacy, recommendations will be revised and replicated.

The Newborn Questionnaire Project is a controlled research study in which 80 percent of the subjects (parents and infants) are from urban hospitals and 20 percent from rural. Data are collected from three instruments: a post-natal questionnaire for the newborns' parents; Broussard's Neonatal Perception Inventory for parents of one-month-old infants; and standardized physical examina-

tions at ages 6 and 12 months. The data are then analyzed to determine the instruments' effectiveness in identifying infants with handicapping conditions. Long-term follow-up will be conducted for all participating subjects.

Predicted Outcomes: The Handicapped Child Data Project is expected to: 1) increase the quality and quantity of health data transferred between handicapped preschool programs and school programs; 2) increase the use of transferred data in both preschool and school programs; 3) ensure more comprehensive and meaningful data flow from health agencies to preschools and schools serving the handicapped; 4) serve as a model to other institutions seeking collaborative programs; 5) promote activities that lead to increased collaboration between all state and private agencies and programs; 6) increase classroom teacher awareness of available resources; and 7) increase the level of family involvement and ability to act as child advocates.

As a result of the Newborn Questionnaire Program, it is anticipated that a high-risk screening system will be developed and used throughout the state to enable early identification of children with major and minor handicapping conditions. This will help these children receive early intervention, thus increasing the possibility of normality for those with minor handicapping conditions or improvement for those with more serious handicaps.

Interagency Collaboration: A collaborative effort between physician, medical institution, and family is required to meet the early identification goals of the Newborn Questionnaire Project. Environmental risk factors and parental perceptions of the child are incorporated into the physical examination to enhance chances of early identification and referral to appropriate service agencies.

The Handicapped Child Data Project takes the collaborative effort even further, following the child's growth and entry into the school system. An increase in awareness by health and education personnel results in an interdisciplinary sharing of expertise regarding the handicapped child. Complete, concise, and appropriate data should now follow the child, giving the school system a total profile of each child to facilitate holistic educational planning.

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